

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/07/03.

## I. DISPUTE

Whether reimbursement is recommended for the CPT codes and dates of service listed below. Carrier denied services as “F-Disallowed; our records indicate this service/procedure is included in another service/procedure. A-This procedure/supply must be pre-authorized in accordance with TWCC rule 134.600. Also supplies assoc W/unauthorized proc/sup are disallowed. F-Reduction according to Medical Fee Guideline. F-This procedure/supply must be pre-authorized in accordance with TWCC rule 134.600. Also supplies assoc W/unauthorized proc/sup are disallowed”. Carrier inappropriately utilized the “F” code to deny services as global for CPT code 95851. Carrier inappropriately utilized the “F” code to deny services as preauth required for CPT code 97750-FC. Therefore, these CPT codes will be reviewed in accordance with the MFG.

## II. FINDINGS

Date of service 04/15/02 has been paid per the revised Table of Disputed Services submitted on 10/21/02 by requestor and will not be reviewed.

## III. RATIONALE

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
09/18/02 (2 units) 09/23/02 (2 units)	97545-WH	\$102.40 \$102.40	\$0.00 \$0.00	A F-A	\$51.20 per hour for non-CARF (reduced 20%)	MFG, MGR (II)(E), CPT descriptor 134.600	The provider for the dates of service 09/18/02 and 09/23/02 is non-CARF accredited. Therefore is subject to 20% reduction of \$64.00 per hour, which = \$51.20 per unit billed. Requestor received preauthorization per #CB217631A on 09/09/02. Relevant information supports delivery of service. Reimbursement is recommended in the amount of <b>\$204.80</b> . (\$51.20 x 4 units = \$204.80)
10/25/02 (2 units)	97545-WH	\$128.00	\$102.40	F	\$64.00 per hour CARF accredited		The provider is CARF accredited for the date of service 10/25/02. The reimbursable rate for CARF accredited facilities is \$64.00 per hour. Relevant information supports delivery of service. Therefore, additional reimbursement is recommended in the amount of <b>\$25.60</b> . (\$128.00 - \$102.40 already paid = \$25.60)

09/18/02 (6 units)	97546-WH	\$307.20	\$51.20	A	\$51.20 per hour for non-CARF (reduced 20%)	MFG, MGR (II)(E), CPT descriptor	The provider for the dates of service 09/18/02 and 09/23/02 is non-CARF accredited. Therefore is subject to 20% reduction of \$64.00 per hour, which = \$51.20 per unit billed.  Carrier reimbursed the requestor \$51.20 ( 1 unit) for the date of service 09/18/02 leaving \$256.00 (5 units) in dispute.
09/23/02 (4 units)	97546-WH	\$204.80	\$0.00	F-A	\$51.20 per hour for non-CARF (reduced 20%)		For date of service 09/23/02, requestor billed \$204.80 (\$51.20 x 4 units), carrier made no payment.  Requestor received preauthorization and has followed the MFG MGR Rule referenced. Relevant information indicates that the services were delivered per the MFG for both dates of service in dispute. Therefore, reimbursement is recommended in the amount of <b>\$460.80.</b> (\$51.20 x 9 units = \$460.80)
04/29/02 05/14/02 06/04/02 08/05/02 09/03/02	95851	\$36.00 \$36.00 \$36.00 \$36.00 \$36.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	F F F F F	\$36.00	MFG MGR (I)(A)(1-5, 8)	Relevant information supports the delivery of services per the MFG. Therefore, reimbursement is recommended in the amount of <b>\$180.00.</b>
09/23/02	97750-FC	\$200.00	\$0.00	F	\$100.00 per hour	MFG MGR (I)(E)(2)(a)(b)	The requestor billed \$200.00(2 hours) and the carrier made no reimbursement. Relevant information indicates the provider performed an FCE, for a total of 2 hours. Therefore, reimbursement is recommended in the amount of <b>\$200.00.</b>
<b>Totals</b>		\$1,224.80	\$153.60				The Requestor is entitled to additional reimbursement <b>\$1,071.20.</b>

#### IV. FINDINGS & DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97545-WH, 97546-WH, 97750-FC and 95851. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$1,071.20** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 5th day of April 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

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